

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 11, 1985

ALL-COUNTY INFORMATION NOTICE NO. I-103-85

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTAL  
PROGRAM (SSI/SSP) COST OF LIVING ADJUSTMENTS (COLA)

This All-County Information Notice reflects the new SSI/SSP benefit rates, effective January 1, 1986. (See attached table for new rates.) The January 1986 benefit levels shall be used in determining the IHSS share of cost for those recipients who are potential IHSS income eligibles.

Consistent with the SSI/SSP benefit payment level adjustments, the following changes should be made to the allowances shown on Forms SOC 294A (IHSS Income Eligibility-Adult) and SOC 294C (IHSS Income Eligibility-Child).

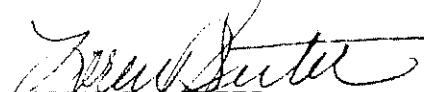
1. SOC 294A

- a. Change allowances in Column B, row 2a to \$168.00.
- b. Change allowances in Column B, row 6 to \$168.00.

2. SOC 294C

- a. Change allowances in Column A, row 2a to \$168.00.
- b. Change allowances in Column A, row 6b(1) and 6b(2) to (1) \$672.00 and (2) \$1,008.00, respectively.
- c. Change allowances in Column A, rows 7b and 8i to (1) \$336.00 and (2) \$504.00, respectively.

If you have any questions, please contact your Adult and Family Services Programs Operations Consultant at (916) 445-0623.

  
LOREN D. SUTER  
Deputy Director  
Adult and Family Services Division

cc: CWDA

**IHSS INCOME ELIGIBILITY — ADULT**

Name \_\_\_\_\_ Case No. \_\_\_\_\_ Month \_\_\_\_\_

**RECIPIENT****SPOUSE****A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)**

	UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)		
a	\$	
b	\$	
c	\$	
2. Total unearned income (A1a to A1c)	\$	
3. Any income exclusion	\$20	
4. Net unearned income (A2 minus A3)	\$	
5. Earned income (Do not show exempt income)		\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$
7. Earned income exclusion		\$65
8. Total exclusions (A6 plus A7)		\$
9. Remaining earned income (A5 minus A8)		\$
10. Net earned income (A9 x ½)		\$
11. Other earned income deductions		\$
12. Total net earned income (A10 minus A11)		\$
13. Total countable income (A4 plus A12)	\$	
14. SSI/SSP payment level	\$	
15. IHSS share of cost (A13 minus A14)	\$	

**B. Income of aged, blind or disabled individual and spouse who is not aged, blind or disabled.**

	UNEARNED	EARNED
1. Income of client's spouse*	\$	\$
2. Allowance for children not blind or disabled		
a. Children's needs	168.	168.
b. Children's income*	\$	\$
c. Net needs (a — b)	\$	\$
d. Total allowance (add B2c's)	\$	
3. Remaining unearned income (B1 minus B2d)	\$	
4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)		\$
5. Remaining earned income (B1 minus B4)		\$
6. Net income of spouse (B3 plus B5) — If equal to or less than 168., A15 is entered in C  If greater than 168., complete B7 through B20	\$	
7. IHSS client's income (From A2 and A5)	\$	\$
8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)	\$	\$
9. Any income exclusion	\$20	
10. Net unearned income (B8 minus B9)	\$	
11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)		\$
12. Earned income exclusion		\$65
13. Total exclusions (B11 plus B12)		\$
14. Remaining earned income (B8 minus B13)		\$
15. Net earned income (B14 x ½)		\$
16. Other earned income deductions		\$
17. Total net earned income (B15 minus B16)		\$
18. Total countable income (B10 plus B17)	\$	
19. SSI/SSP couple payment level	\$	
20. IHSS share of cost (B18 minus B19)	\$	
<b>C. SHARE OF COST (higher of A15 or B20)**</b>	\$	

\*\* If there is also a blind or disabled child in the family, the share of cost shown in Line C is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16

WORKER \_\_\_\_\_

DATE \_\_\_\_\_

## IHSS INCOME ELIGIBILITY — CHILD

Name \_\_\_\_\_

Case No. \_\_\_\_\_ Month \_\_\_\_\_

## PARENT

## RECIPIENT

A. Income deemed to a blind or disabled child living at home who is under 18 or 18 — 21 and in school.

B. IHSS share of cost computation for blind or disabled child who is under 18 or 18 — 21, in school and living at home.

PARENT				RECIPIENT	
<input type="checkbox"/> Income of parent and parent's spouse where neither is aged, blind or disabled.				Unearned	Earned
1. Gross income	\$		\$	1. Income deemed to child (from A6d, A7d, A8j or A9)**	\$
2. Allowance for children not blind or disabled				2. Unearned income (list) (Do not show exempt income)	
a. Children's needs	\$ 168.	\$ 168.	\$ 168.	a.	\$
b. Children's income	\$	\$	\$	b.	\$
c. Net needs (a minus b)	\$	\$	\$	c.	\$
d. Total allowance (add A2c's)	\$			3. Total unearned income (B1 plus B2)	\$
3. Remaining unearned income (A1 minus A2d)	\$			4. Any income exclusion	\$ 20
4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)			\$	5. Net unearned income (B3 minus B4)	\$
5. Remaining earned income (A1 minus A4)			\$	6. Earned income (Do not show exempt income)	
6. If remaining income is EARNED only:				7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference)	
a. \$85 exclusion			\$ 85	8. Earned income exclusion	\$ 65
b. Allowance for parent and spouse			\$	9. Total exclusions (B7 plus B8)	\$
(1) 672. (2) 1008.			\$	10. Remaining earned income (B6 minus B9)	\$
c. Total exclusions (A6a plus A6b)			\$	11. Net earned income (B10 X ½)	\$
d. Income deemed to child (A5 minus A6c)			\$	12. Other earned income deductions	\$
7. If remaining income is UNEARNED only:				13. Total net earned income (B11 minus B12)	\$
a. Any income exclusion	\$ 20			14. Total countable income (B5 plus B13)	\$
b. Allowance for parent and spouse			\$	15. SSI/SSP payment level	\$
(1) 336. (2) 504.	\$			16. IHSS share of cost (B14 minus B15)	\$
c. Total exclusions (A7a plus A7b)	\$				
d. Income deemed to child (A3 minus A7c)	\$				
8. If income is UNEARNED and EARNED:					
a. Any income exclusion	\$ 20				
b. Net unearned income (A3 minus A8a)	\$				
c. Unused \$20 exclusion (If A8a is greater than A3, enter the difference)			\$		
d. Earned income exclusion			\$ 65		
e. Total exclusions (A8c plus A8d)			\$		
f. Earned income (A5 minus A8e)			\$		
g. Net earned income (A8f X ½)			\$		
h. Total income (A8b plus A8g)	\$				
i. Allowance for parent and spouse			\$		
(1) 336. (2) 504.	\$				
j. Income deemed to child (A8h minus A8i)	\$				
<input type="checkbox"/> Income of parent(s) where one or both are aged, blind or disabled.					
9. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A c3)	\$				

\*\* Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.

Worker \_\_\_\_\_

Date \_\_\_\_\_

State of California  
Department of Social Services

SSI/SSP Payment Standards  
IHSS Statutory Maximums

Actual SSI/SSP Payment Standards January 1 through December 31, 1986

	Independent Living Arrangement			Household Of Another			Independent Living Arrangement W/O Cooking Facilities			Non-Medical <sup>2/</sup> Board and Care		
	Total	SSI	SSP	Total	SSI	SSP	Total	SSI	SSP	Total	SSI	SSP
<u>INDIVIDUAL:</u> Aged or Disabled Blind Disabled Minor	533.00	336.00	197.00	421.00	224.00	197.00	590.00	336.00	254.00	601.00	336.00	265.00
	597.00	336.00	261.00	485.00	224.00	261.00	.....	.....	.....	601.00	336.00	265.00
	422.00 <sup>b/</sup>	336.00	86.00	310.00	224.00	86.00	.....	.....	.....	601.00 <sup>b/</sup>	336.00	265.00
<u>COUPLE:</u> Aged or Disabled - per couple - per person	989.00	504.00	485.00	821.00	336.00	485.00	1104.00	504.00	600.00	1202.00	504.00	698.00
	494.50	252.00	242.50	410.50	168.00	242.50	552.00	252.00	300.00	601.00	252.00	349.00
<u>BLIND</u> - per couple - per person	1162.00	504.00	658.00	994.00	336.00	658.00	.....	.....	.....	1202.00	504.00	698.00
	581.00	252.00	329.00	497.00	168.00	329.00	.....	.....	.....	601.00	252.00	349.00
<u>BLIND/AGED or Disabled</u> - per couple - per person	1096.00	504.00	592.00	928.00	336.00	592.00	.....	.....	.....	1202.00	504.00	698.00
	548.00	252.00	296.00	464.00	168.00	296.00	.....	.....	.....	601.00	252.00	349.00

IHSS Statutory Maximums 7/1/85-6/30/86

Severely Impaired: \$974.00

Non-Severely Impaired: \$674.00

Needs of Ineligible Children \$168.

a/ Non-Medical Board and Care

Total .....

Board and Room .....

Care and Supervision .....

Personnel and Incidental

Needs .....

Minimum

\$601.

257.

274.

70.

Maximum

\$601.

257.

221.

123.

b/ See MPP46-325.2,

as a result of

the Major v.

McMahon court

settlement.